



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

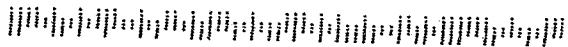
9590 9402 5432 9189 6440 89

United States  
Postal Service

- Sender: Please print your name, address, and ZIP+4® in this box.

Law Offices of Robert Dodson  
1722 Main Street, Suite 200  
Columbia, SC 29201

4-285150



**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SC Office

1220  
Suite 301  
Columbia, SC 29201



9590 9402 5432 9189 6440 89

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Robert Dodson*

Agent  
 Addressee

B. Received by (Printed Name)

*Angela Jones* 5-11-21

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

2. Article

2015 0640 0005 7305 9217

(over \$500)

Delivery

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt